

<i>SERFF Tracking Number:</i>	<i>SKML-125911605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Insurance Company of Connecticut</i>	<i>State Tracking Number:</i>	<i>40933</i>
<i>Company Tracking Number:</i>	<i>ATR 2001 CSO COICORR</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Adjustable Term Rider</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/L-17775 2001CSO COICORR</i>		

Filing at a Glance

Company: MetLife Insurance Company of Connecticut

Product Name: Adjustable Term Rider	SERFF Tr Num: SKML-125911605	State: ArkansasLH
TOI: L06I Individual Life - Variable	SERFF Status: Closed	State Tr Num: 40933
Sub-TOI: L06I.002 Single Life - Flexible Premium	Co Tr Num: ATR 2001 CSO COICORR	State Status: Filed-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Alvah Shelton	Disposition Date: 11/25/2008
	Date Submitted: 11/23/2008	Disposition Status: Accepted For Informational Purposes
		Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 2001 CSO Revision
 Project Number: L-17775 2001CSO COICORR
 Requested Filing Mode: Informational

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: All States Are Being Filed Concurrently
 Market Type: Individual
 Group Market Size:
 Group Market Type:

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Filing Status Changed: 11/25/2008

State Status Changed: 11/25/2008

Corresponding Filing Tracking Number: L-17775 2001CSO COICORR

Filing Description:

2001 CSO Mortality Table Revisions – L-17776

Deemer Date:

The enclosed filing is being submitted on behalf of MetLife Insurance Company of Connecticut for your information. The purpose of this filing is to correct the schedule pages which were filed for information to comply with the change in mortality basis from 1980 CSO to the new 2001 CSO Mortality Table for the Company's previously approved Adjustable

<i>SERFF Tracking Number:</i>	<i>SKML-125911605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Insurance Company of Connecticut</i>	<i>State Tracking Number:</i>	<i>40933</i>
<i>Company Tracking Number:</i>	<i>ATR 2001 CSO COICORR</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Adjustable Term Rider</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/L-17775 2001CSO COICORR</i>		

Term Insurance Rider. The effective date of this change will be 01/01/2009. The form number, date of approval and tracking number are shown below for your convenience.

Schedule Form No. Approved STATE/ SERFF Tracking Number
L-17776 4/21/2008 38696 / SKML-125607205

We notice there is an error in the pages submitted in the above referenced filing, namely, the table of Maximum COI's (Page 3 (COI)) was not changed to reflect the change in mortality basis. Enclosed are the corrected specification pages intended to replace the pages filed in the above referenced submission.

There have been no other changes made to these forms other than those mentioned, and these policy summary pages will not be used until the effective date of 01/01/2009.

Company and Contact

Filing Contact Information

(This filing was made by a third party - sandrakmeltzerandassociates)

Alvah Shelton, Policy Analyst	alvah@skminc.com
1925 Century Blvd	(404) 633-5353 [Phone]
Atlanta, GA 30345	(404) 633-6301[FAX]

Filing Company Information

MetLife Insurance Company of Connecticut	CoCode: 87726	State of Domicile: Connecticut
1300 Hall Boulevard	Group Code: 41	Company Type: Life & Health Insurance
Bloomfield, CT 06002-2910	Group Name:	State ID Number:
(732) 602-6400 ext. [Phone]	FEIN Number: 06-0566090	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	
Per Company:	No

SERFF Tracking Number: SKML-125911605 *State:* Arkansas
Filing Company: MetLife Insurance Company of Connecticut *State Tracking Number:* 40933
Company Tracking Number: ATR 2001 CSO COICORR
TOI: L06I Individual Life - Variable *Sub-TOI:* L06I.002 Single Life - Flexible Premium
Product Name: Adjustable Term Rider
Project Name/Number: 2001 CSO Revision/L-17775 2001CSO COICORR

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MetLife Insurance Company of Connecticut	\$0.00	11/23/2008	

SERFF Tracking Number:	SKML-125911605	State:	Arkansas
Filing Company:	MetLife Insurance Company of Connecticut	State Tracking Number:	40933
Company Tracking Number:	ATR 2001 CSO COICORR		
TOI:	L06I Individual Life - Variable	Sub-TOI:	L06I.002 Single Life - Flexible Premium
Product Name:	Adjustable Term Rider		
Project Name/Number:	2001 CSO Revision/L-17775 2001CSO COICORR		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Linda Bird Informational Purposes		11/25/2008	11/25/2008

<i>SERFF Tracking Number:</i>	<i>SKML-125911605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Insurance Company of Connecticut</i>	<i>State Tracking Number:</i>	<i>40933</i>
<i>Company Tracking Number:</i>	<i>ATR 2001 CSO COICORR</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Adjustable Term Rider</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/L-17775 2001CSO COICORR</i>		

Disposition

Disposition Date: 11/25/2008

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SKML-125911605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Insurance Company of Connecticut</i>	<i>State Tracking Number:</i>	<i>40933</i>
<i>Company Tracking Number:</i>	<i>ATR 2001 CSO COICORR</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Adjustable Term Rider</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/L-17775 2001CSO COICORR</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Corrected Max COI's Page 3 (COI)		Yes

<i>SERFF Tracking Number:</i>	<i>SKML-125911605</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>MetLife Insurance Company of Connecticut</i>	<i>State Tracking Number:</i>	<i>40933</i>
<i>Company Tracking Number:</i>	<i>ATR 2001 CSO COICORR</i>		
<i>TOI:</i>	<i>L06I Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L06I.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>Adjustable Term Rider</i>		
<i>Project Name/Number:</i>	<i>2001 CSO Revision/L-17775 2001CSO COICORR</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: SKML-125911605 State: Arkansas
Filing Company: MetLife Insurance Company of Connecticut State Tracking Number: 40933
Company Tracking Number: ATR 2001 CSO COICORR
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: Adjustable Term Rider
Project Name/Number: 2001 CSO Revision/L-17775 2001CSO COICORR

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 11/19/2008
Comments:
Attachment:
AR Certification.pdf

Review Status:

Satisfied -Name: Authorization Letter 11/19/2008
Comments:
Attachment:
Authoriz ltr-signed.pdf

Review Status:

Satisfied -Name: Corrected Max COI's Page 3 (COI) 11/19/2008
Comments:
Attachment:
COLI III,IV+Select Max COI's L-17776 (2001 CSO).pdf

METLIFE INSURANCE COMPANY OF CONNECTICUT

CERTIFICATION OF COMPLIANCE

ARKANSAS

Re: **2001 CSO Mortality Table Revisions – Rider Schedule Form L-17776**

With respect to submission of the above-referenced forms, METLIFE INSURANCE COMPANY OF CONNECTICUT hereby agrees as follows:

1. The Company will comply with the requirements of Rule and Regulation 19, concerning Unfair Sex Discrimination in the Sale of Insurance, when marketing these forms in the State of Arkansas.
2. The Company will comply with the requirements of Rule and Regulation 49 by providing a copy of the Life and Health Insurance Guaranty Association Notice to the group contract holder.
4. The Company will provide the Consumer Information Notice in compliance with ACA 23-79-138.

METLIFE INSURANCE COMPANY OF CONNECTICUT



By _____
Herbert B. Brown, Vice President

MetLife Insurance Company of Connecticut
Specialized Benefit Resources
485-B US Highway One South, Suite 420
Iselin, NJ 08830
Tel 732 602-6464 Fax 732 602-6455



Herbert Brown
Vice President

March 10, 2008

RE: Policy Summary Pages
(2001 CSO Mortality Table Revisions)

Dear State Regulator:

I hereby authorize:

Sandra K. Meltzer & Associates, Inc.
1925 Century Blvd., Suite 1
Atlanta, Georgia 30345

to carry out the state filings (including the District of Columbia) on behalf of MetLife Insurance Company of Connecticut. This authorization is to be used with our adjustable term life insurance rider form L-17775 and associated forms which may consist of but are not limited to, policy insert pages, endorsements, applications, certificates and rider forms.

Sincerely,

A handwritten signature in black ink, appearing to read 'Herbert A. Brown Jr.', written in a cursive style.

Herbert Brown
Vice President

POLICY SUMMARY

POLICY NUMBER:	SPECIMEN	STATED AMOUNT:	\$ 100,000
INSURED :	JOHN DOE	POLICY DATE:	MAY 01, 1999
AGE:	35	ISSUE DATE:	MAY 01, 1999
		MATURITY DATE:	MAY 01, 2064
		MONTHLY DEDUCTION DAY:	1ST DAY OF MONTH

THE MAXIMUM INVESTMENT OPTION DAILY DEDUCTION FOR ALL INVESTMENT OPTIONS (IN BASIS POINTS) IS .2055 FOR ALL POLICY YEARS.

INFORMATION ABOUT THE SEPARATE ACCOUNT IS PROVIDED IN THE PROSPECTUS FOR THE SEPARATE ACCOUNT. YOU SHOULD CAREFULLY REVIEW THE PROSPECTUS.

WE RESERVE THE RIGHT TO LIMIT FREE TRANSFERS AMONG THE INVESTMENT OPTIONS TO SIX TIMES IN ANY POLICY YEAR AND TO CHARGE A \$10 FEE FOR EACH ADDITIONAL TRANSFER THAT WE ALLOW.

WE WILL ALLOCATE ANY NET PREMIUM TO ANY INVESTMENT OPTION WHICH HAD BEEN SELECTED DURING THE RIGHT TO CANCEL PERIOD.

PREMIUM FOR THE BASIC POLICY MAY BE PAID UNTIL THE MATURITY DATE. CHARGES FOR RIDERS ARE PAYABLE TO THE EXPIRY DATE. NO INSURANCE WILL BE IN EFFECT UNLESS AT LEAST ONE DEDUCTION AMOUNT HAS BEEN PAID.

INSURANCE UNDER THIS POLICY MAY END BEFORE THE MATURITY DATE IF PREMIUM PAYMENT AND/OR INVESTMENT EXPERIENCE ARE INSUFFICIENT TO CONTINUE INSURANCE TO SUCH DATE.

TABLE OF MAXIMUM MONTHLY GUARANTEED COST OF INSURANCE RATES
(MONTHLY RATE FOR EACH \$1,000 OF COVERAGE)

<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>	<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>	<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>
1	0.0934	23	0.5953	45	5.5195
2	0.0976	24	0.6490	46	6.1826
3	0.1034	25	0.7119	47	6.9091
4	0.1109	26	0.7884	48	7.6850
5	0.1176	27	0.8818	49	8.5399
6	0.1268	28	0.9904	50	9.5002
7	0.1376	29	1.1092	51	10.5803
8	0.1510	30	1.2333	52	11.7836
9	0.1668	31	1.3627	53	13.1025
10	0.1844	32	1.4939	54	14.5261
11	0.2036	33	1.6312	55	16.0444
12	0.2228	34	1.7764	56	17.5829
13	0.2386	35	1.9397	57	19.1235
14	0.2512	36	2.1306	58	20.7668
15	0.2671	37	2.3630	59	22.5331
16	0.2880	38	2.6354	60	24.4324
17	0.3147	39	2.9232	61	26.3544
18	0.3473	40	3.2336	62	28.2721
19	0.3850	41	3.5727	63	30.3622
20	0.4327	42	3.9566	64	32.6469
21	0.4863	43	4.4052	65	35.1519
22	0.5416	44	4.9289	66	37.6135

RATE CLASS: MALE PREFERRED NONSMOKER

THE RATES USED FOR THE COST OF INSURANCE DEDUCTION ARE GUARANTEED NOT TO EXCEED THE MAXIMUM RATES SHOWN ABOVE. THE RATES ARE BASED ON THE [2001 COMMISSIONER'S STANDARD ORDINARY MORTALITY TABLE]. THE COST OF INSURANCE IS DEDUCTED ON THE MONTHLY DEDUCTION DAY.

POLICY SUMMARY

POLICY NUMBER:	SPECIMEN	STATED AMOUNT:	\$ 100,000
INSURED :	JOHN DOE	POLICY DATE:	MAY 01, 1999
AGE:	35	ISSUE DATE:	MAY 01, 1999
		MATURITY DATE:	MAY 01, 2064
		MONTHLY DEDUCTION DAY:	1ST DAY OF MONTH

TABLE OF MAXIMUM MONTHLY GUARANTEED COST OF INSURANCE RATES
(MONTHLY RATE FOR EACH \$1,000 OF COVERAGE)

<u>POLICY YEAR</u>	<u>MAXIMUM RATE</u>
67	39.8565
68	42.3073
69	44.9908
70	47.9199
71	51.1163
72	54.6441
73	58.5524
74	62.9046
75	67.7738
76	73.2550
77	79.4796
78	86.6146
79	94.8987
80	104.6663
81	116.4423
82	131.0838
83	150.1853
84	177.2563
85	223.1245
86	1000.0000

RATE CLASS: MALE PREFERRED NONSMOKER

THE RATES USED FOR THE COST OF INSURANCE DEDUCTION ARE GUARANTEED NOT TO EXCEED THE MAXIMUM RATES SHOWN ABOVE. THE RATES ARE BASED ON THE [2001 COMMISSIONER'S STANDARD ORDINARY MORTALITY TABLE]. THE COST OF INSURANCE IS DEDUCTED ON THE MONTHLY DEDUCTION DAY.